



City of Ocala
Growth Management Department
201 S.E. 3rd Street, 2nd Floor
352-629-8404 | www.ocalafl.gov | gmd@ocalafl.gov

LAND RECONFIGURATION REQUEST

(\$100)

Property Owner(s):			
<u>Parcel Number(s):</u>			
Description of request:			
Present <u>Property Zoning:</u>			
Existing buildings on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Print owner name:		Owner Signature:	
Phone number:		Email:	
The application will not be processed if these items do not accompany the application:			
<input type="checkbox"/> Deed or other proof of ownership			
<input type="checkbox"/> Survey with dimensions of the proposed division or reconfiguration of land			
<input type="checkbox"/> The appropriate fee in cash or check (Payable to the City of Ocala)			
<input type="checkbox"/> Electronic file of legal description in Word format, plus sketch of description (PDF)			

OFFICE USE ONLY (Letter of approval or denial)

Based on information provided by the owner and the sketch attached to this application, this request for a division or reconfiguration of land is:

APPROVED **DENIED**

If denied, this request is denied because the proposed division or reconfiguration of land would create the following violation(s) of subdivision or zoning regulations: _____

REVIEWED BY (print name): _____

Signature: _____ Date: _____